

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for Class C
(TAXI) Certificate of Public
Convenience & Necessity

191604
BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2008 - 129 - I

) If this is your first time filing an application with the PSC, you will not
) have a Docket Number. The Commission will assign one to you. If you
) have filed with the Commission before, a Docket Number was assigned
) and should be entered above.

(Please type or print)

Submitted by:

Carl Dean Todd dba
Loris Taxi

Address:

2351 Simpson Creek Dr
Loris SC 29569

Telephone:

843. 756. 7760

Fax:

Other:

Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☒ Application – Class C Taxi
- ☐ Application – Class C Charter
- ☐ Application – Class C Charter Bus
- ☐ Application – Class C Non-Emergency
- ☐ Application – Class E Household Goods
- ☐ Application – Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement
- ☐ Request for Name Change on Certificate

- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other: _____

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
ATTN: DOCKETING DEPARTMENT
101 EXECUTIVE CENTER DRIVE
COLUMBIA, SOUTH CAROLINA 29210
(Mailing address: Post Office Box 11649, Columbia, SC 29211)
Office # (803) 896-5100 - Fax # (803-896-5199)

CLASS C - TAXI

DATE Feb 21, 2008

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Carl Dean Todd dbA Loris Taxi

2. (a) Street Address of Applicant 2351 Simpson Creek Drive
Loris, SC 29569

(b) Mailing address, if different from street address _____

(c) Telephone Number 843 756 7760 Fed. ID # _____

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.
6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities:

BALANCE SHEET

Balance at Time Application is Filed:

Month: 9, 000 Year: 2007

Assets:		
Cash	8,000.00	
Receivables		
Real Estate		
Buildings and Equipment-Net		
Motor Vehicles-Net	\$ 10,260.00	
Garage Equipment-Net		
Machinery and Tools-Net	1620.00	
Supplies on Hand	\$ 1490.00	
Prepaids and Other Assets		
Total Assets	\$ 21,370	
Liabilities and Equity:		
Accounts Payable		
Notes Payable		
Mortgages Payable		
Equipment Obligations		
Accrued Salaries and Wages		
Other Accrued Obligations		
Other Liabilities Insurance	\$ 6800 annually	
Total Liabilities	6,800.00	
Capital Stock		
Retained Earnings		
Total Equity		
Total Liabilities and Equity		

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R. 103-400 through R. 103-441 of the Commission's Rules and Regulations for Motor Carriers (Vol. 26, S.C. Code Ann., 1976), and R. 18-400 through R. 18-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF Horry

Carl Dean Todd
(Name of Applicant's Representative)

President
(Title)

of Lois Taxi, the Applicant for the Certificate of Public (Applicant)
Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above
Application are true and correct.

SWORN TO BEFORE ME

on Feb. 20

at Myrtle Beach, South Carolina

John D. Jones
(Notary Public)

Carl D. Todd
(Signature of Applicant's Representative)

Commission Expires 10-16-12

EXHIBIT C

CLASS C

TAXI

CHARTER

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Carl Dean Todd

For the transportation of passengers as follows:

Area to be served: Loris, South Carolina
Horry County

Number of passengers: 1 vehicle 5/6 (minivan) 1 vehicle 2/3 (4 door sedan)

Fares: \$3.90 First mile \$2.40 each additional mile

Date March 17, 2008

Carl D. Todd
By

President
Title

Rev.10/03

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

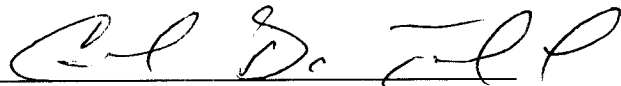
DESCRIPTION OF EQUIPMENT

YEAR	MODEL & MAKE	VIN #	WEIGHT EMPTY	CARRYING CAPACITY *
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2000 Ford Windstar 3600 5-6 People
vin # 2FMZA5145YBB48802

2000 Ford Taurus 2800 2-3 people
vin # 1J4GK48584C163534

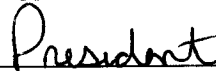
* Seats if passenger carrier.



(Applicant)

Date: March 17, 2008

(Applicant's Representative)



(Title)

INSURANCE QUOTE

The following insurance quote is for:

Carl Todd doing business as Loris Taxi
(Name of Motor Carrier)

2351 Simpson Creek Drive, Loris SC 29569
(Address of Motor Carrier)

Amount of Premium:

Liability Insurance 25,000 / 50,000 / 25,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

<u>1 - 7 passengers</u>	-	25,000/50,000/25,000
8 - 15 passengers	-	25,000/100,000/25,000

Southern United Fire Insurance Company
(Insurance Company Name)

5511 Staples Mill Road, Suite 100, Richmond, VA 23228
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

3/24/08
Date

Stuart F. [Signature]
(Authorized Insurance Company Representative)

* See attached Quote



Venture
SPECIALTY INSURANCE

PO Box 18026
Richmond, VA 23226
Voice - 804-521-2993
Fax - 804-288-9886

Commercial Auto Insurance Quote

To: **Diana Todd** Fax: **843-756-7760**
From: **Stewart Felvey** Date: **3/24/2008**
Re: **Insurance Quote** Pages: **1**

☐ Urgent ☐ For review ☐ Please comment ☐ Please reply ☐ Please recycle

Thank you for calling Venture Specialty Insurance for your insurance needs. We are pleased to offer you the following quote based on the information you provided us:

Quote is for:	Loris Taxi
Operating as:	Taxi Service
Coverage type:	Automobile Liability
Coverage amounts for liability:	Liability \$525,000 / \$50,000 / \$25,000 Uninsured Motorist Bodily Injury Split Limit \$25,000 / \$50,000 / \$25,000 Uninsured Motorist Bodily Injury Split Limit \$25,000 / \$50,000 / \$25,000
Number & type of vehicles covered:	2 units
Premium per vehicle:	\$3,278
Minimum earned:	\$250.00
USARM Loss Control Fee:	\$50.00
Carrier:	Southern United Fire Insurance Company
Subject to:	Not needing an SR-22 Filing. All MVRs must comply with Driver Criteria Guidelines. MVRs must be sent prior to binding. <u>All new potential drivers must be approved by Southern United Fire Insurance Company prior to operating any insured vehicle.</u> Vehicles 10 years or older may be subject to favorable mechanic statement. All drivers over 70 years old are subject to favorable physician statement. All vehicles must be pre-scheduled, no automatic coverage is afforded.
Total premium (Total due Agent):	\$6,606.00

By signing below, you acknowledge this quote and the conditions that are subject to this rate provided.

By _____ Date: _____



Venture
SPECIALTY INSURANCE

5511 Staples Mill Road, Suite 100
Richmond, VA 23228
Voice - 804-521-2993
Fax - 804-288-9986

facsimile transmittal

To: Diane Todd

Fax: +1 (843) 756-7760

From: Stewart Felvey

Date: 3/24/2008 3:52:45 PM

Re: Your commercial auto insurance quote

Pages: 2

Cc:

☐ Urgent

☐ For review

☐ Please comment

☐ Please reply

☐ Please recycle

Notes:

Mrs. Todd,

Per our conversation, I have included your commercial auto insurance quote to this fax. Once you have looked this over, you can get in touch with me at 866-976-8294 ext. 17. If you have any questions please feel free to contact me, and I will be happy to assist you in any way I can.

Regards,
Stewart Felvey

confidential